

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Family Assistance Administration

MEDICAL INCAPACITY STATEMENT
Hospitalized Applicant

The Department of Economic Security considers an individual to be incapacitated if the individual is unable to participate in the AHCCCS Health Insurance application process.

Please complete this Medical Incapacity Statement on the patient listed below.

COMPLETED BY DES

DATE

CASE NAME *(Last, First, M.I.)*

CASE NO.

WORKER'S NAME

PHONE NO. *(Include Area Code)*

NAME OF HOSPITAL

PATIENT'S NAME

PATIENT'S DATE OF BIRTH

PATIENT'S RESIDENTIAL ADDRESS *(No., Street, City, State, ZIP)***TO BE COMPLETED BY MEDICAL PERSONNEL**
☐ Not Incapacitated

☐ Incapacitated

Reason: _____

PHYSICIAN OR AUTHORIZED MEDICAL PERSONNEL'S PRINTED NAME

PHONE NO. *(Include Area Code)*

SIGNATURE OF PHYSICIAN OR AUTHORIZED MEDICAL PERSONNEL

DATE

Routing: **Original** - Sent to attending physician or authorized medical personnel; **Copy** - Retained in file until signed original is returned.

Equal Opportunity Employer/Program

This document available in alternative formats by contacting your local office manager.

**Completion Instructions for FAA-1148AFORNA
MEDICAL INCAPACITY STATEMENT
Hospitalized Applicant**

A. Purpose

The purpose of the Medical Incapacity Statement is to verify the participant's incapacity to complete the AHCCCS Health Insurance application process and to allow the designation of a representative.

B. Completion

COMPLETED BY DES:

DATE: Enter the date the form is completed.

CASE NAME (Last, First, M.I.): Enter the name of the case Primary Informant (PI).

CASE NO.: Enter the case number assigned by AZTECS.

WORKER'S NAME: Enter the EI's name.

PHONE NO.: Enter the EI's office phone number.

NAME OF HOSPITAL: Enter the name of the hospital that the participant is a patient.

PATIENT'S NAME: Self-explanatory.

PATIENT'S DATE OF BIRTH: Self-explanatory.

PATIENT'S RESIDENTIAL ADDRESS: Enter the patient's home address.

TO BE COMPLETED BY MEDICAL PERSONNEL: All items are self-explanatory.

C. Routing

DES completes its part and sends the original to the medical personnel. The copy is retained in the file by DES until the rest of the form is completed by the medical personnel and returned to DES.

D. Retention

The copy is destroyed upon return of the original.